



205 S 20th St. Rogers, Arkansas 72758 Phone:479-631-7744

Surgery/ Anesthesia Release

Pet's Name _____ Age _____

Surgery to be performed _____

1. Did you keep your pet off food/water at least 12 hours? Yes No
2. Is your pet on any medication? If yes, please explain. Yes No
3. When was flea/tick prevention last given? _____
4. Has your pet seemed healthy to you? _____ Yes No
5. Is there anything else we should know about your pet? Yes No
6. We recommend performing an EKG and lab tests to evaluate the liver and kidneys before any anesthesia is given. These tests allow us to see "inside" your pet and make informed decisions about the best way to treat your pet. Do we have your permission to perform these tests? (\$60.00 for Ekg, Serum chemistry Panel) Yes No
7. We would prefer that your pet be medicated post operatively as needed for pain (please ask for an estimate). Would you like additional pain medicine sent home after surgery? Yes No
8. List persons authorized to pick up your pets. _____

Thank you for helping us take good care of your pet!

Signature _____ Date _____

Daytime phone _____ Alternate Phone _____